SCC eFile	COMMONWEALTH C	2013 ANNUAL REPORT 213531393 COMMONWEALTH OF VIRGINIA TATE CORPORATION COMMISSION				
1.) CORPORATION NAME:			DUE DATE:	7/31/2013		
Electro-Motive Diesel, Inc.						
2.) VA REGISTERED AGENT NAW CT CORPORATION SYSTEM	:	SCC ID NO: <b>F1635350</b>				
4701 COX RD STE 301		5.) STOCK INFORMATION				
GLEN ALLEN, VA			CLASS	AUTHORIZED		
3.) CITY OR COUNTY OF VA REG HENRICO COUNTY	ISTERED OFFICE:		COMMON	1,000,000		
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>						
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 9301 WEST 55TH ST						
CITY/ST/ZIP: LAGRANGE, IL 60525						
7.) DIRECTORS AND PRINCIPAL OFFICERS:  All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME.	WILLIAM DAINGWORTH	X OFFIC	ER	X DIRECTOR		
NAME: TITLE:	WILLIAM P AINSWORTH PRESIDENT					
ADDRESS:	1600 PROGRESS DRIVE PO BOX 1037					
CITY/ST/ZIP/CO:	ALBERTVILLE, AL 35950					
		χ OFFIC	ER	X DIRECTOR		
NAME: TITLE:	J DUANE CANTRELL Sr. VP					
ADDRESS:	1600 PROGRESS DRIVE					
CITY/ST/ZIP/CO:	PO BOX 1037 ALBERTVILLE, AL 35950					
		X OFFIC	ER	X DIRECTOR		
NAME: TITLE:	BERNARD GRANEY Sr. VP/CFO					
ADDRESS:	1600 PROGRESS DRIVE					
CITY/ST/ZIP/CO:	P O BOX 1037 ALBERTVILLE, AL 35950					
	7122171 71222,712 00000	χ OFFIC	ER	DIRECTOR		
NAME:	John Kennedy					
TITLE: ADDRESS:	TREASURER					
CITY/ST/ZIP/CO:	9301 W. 55th Street LaGrange, IL 60525					
		χ OFFIC	ER	DIRECTOR		
NAME:	Robin D. Beran					
TITLE: ADDRESS:	ASST TREASURER 100 N.E. Adams Street					
CITY/ST/ZIP/CO:	Peoria, IL 61629					
NAME		X OFFIC	ER	DIRECTOR		
NAME: TITLE:	M. Andrew McGuire VP/GC					
ADDRESS:	9301 W. 55th Street					
CITY/ST/ZIP/CO:	LaGrange, IL 60525					

		X OFFIC	ER	DIRECTOR			
NAME:	T. Gerald Davis, Jr.						
TITLE:	SECRETARY						
ADDRESS:	9301 W. 55th Stree	-					
CITY/ST/ZIP	/CO: LaGrange, IL 6052	5					
		χ OFFIC	CER	DIRECTOR			
NAME:	Kathryn J. Ziccarel	li	L				
TITLE:	Asst. Sec.						
ADDRESS:	9301 W. 55th Stree	t					
CITY/ST/ZIP,	/CO: LaGrange, IL 6052	5					
		χ OFFIC	ER	DIRECTOR			
NAME:	Diane Eakin		L				
TITLE:	Asst. Sect.						
ADDRESS:	1600 Proress Dr.						
	PO Box 1037						
CITY/ST/ZIP,	CO: Albertville, AL 3595	0					
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND							
COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.							
/s/ Kathryn J. Ziccarelli	Kathryn J. Zicca	arelli,	7/3	/2013			
SIGNATURE OF DIRECTO		IE AND CORPORATE	D	ATE			
LISTED IN THIS REF	PORT	TITLE					
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material							
respect with the intent that the document be delivered to the Commission for filing.							